

The legislative clerk read as follows:

A bill (S. 707) to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act” or the “PREEMIE Act”.

SEC. 2. PURPOSE.

It the purpose of this Act to—

(1) reduce rates of preterm labor and delivery; (2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight; and

(3) reduce infant mortality and disabilities caused by prematurity.

SEC. 3. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.

(a) GENERAL EXPANSION OF NIH RESEARCH.—Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

“SEC. 409J. EXPANSION AND COORDINATION OF RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND INFANT MORTALITY.

“(a) IN GENERAL.—The Secretary, acting through the Director of NIH, shall expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research on the causes of preterm labor and delivery, infant mortality, and improving the care and treatment of preterm and low birthweight infants.

“(b) AUTHORIZATION OF RESEARCH NETWORKS.—There shall be established within the National Institutes of Health a multi-center clinical program (that shall be initially established utilizing existing networks) designed to—

“(1) investigate problems in clinical obstetrics, particularly those related to prevention of low birth weight, prematurity, and medical problems of pregnancy;

“(2) improve the care and outcomes of neonates, especially very-low-birth weight infants; and

“(3) enhance the understanding of DNA and proteins as they relate to the underlying processes that lead to preterm birth to aid in formulating more effective interventions to prevent preterm birth.”.

(b) GENERAL EXPANSION OF CDC RESEARCH.—Section 301 of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

“(e) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall expand, intensify, and coordinate the activities of the Centers for Disease Control and Prevention with respect to preterm labor and delivery and infant mortality.”.

(c) STUDIES ON RELATIONSHIP BETWEEN PREMATURITY AND BIRTH DEFECTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, conduct ongoing epidemiological studies on the relationship between prematurity, birth defects, and developmental disabilities.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, and every 2 years

thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).

(d) PREGNANCY RISK ASSESSMENT MONITORING SURVEY.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track pregnancy outcomes and prevent preterm birth.

(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out paragraph (1), \$3,000,000 for each of fiscal years 2007 through 2011.

(e) EVALUATION OF EXISTING TOOLS AND MEASURES.—The Secretary of Health and Human Services shall review existing tools and measures to ensure that such tools and measures include information related to some of the known risk factors of low birth weight and preterm birth.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, except for subsection (d), \$10,000,000 for each of fiscal years 2007 through 2011.

SEC. 4. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended—

(1) by redesignating the second section 399O (relating to grants to foster public health responses to domestic violence, dating violence, sexual assault, and stalking) as section 399P; and

(2) by adding at the end the following:

“SEC. 399Q. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.

“(a) IN GENERAL.—The Secretary, directly or through the awarding of grants to public or private nonprofit entities, may conduct demonstration projects to improve the provision of information on prematurity to health professionals and other health care providers and the public and to improve the treatment and outcomes for babies born preterm.

“(b) ACTIVITIES.—Activities to be carried out under the demonstration project under subsection (a) may include the establishment of programs—

“(1) to test and evaluate various strategies to provide information and education to health professionals, other health care providers, and the public concerning—

“(A) the signs of preterm labor, updated as new research results become available;

“(B) the screening for and the treating of infections;

“(C) counseling on optimal weight and good nutrition, including folic acid;

“(D) smoking cessation education and counseling;

“(E) stress management; and

“(F) appropriate prenatal care;

“(2) to improve the treatment and outcomes for babies born premature, including the use of evidence-based standards of care by health care professionals for pregnant women at risk of preterm labor or other serious complications and for infants born preterm and at a low birthweight; and

“(3) to respond to the informational needs of families during the stay of an infant in a neonatal intensive care unit, during the transition of the infant to the home, and in the event of a newborn death.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$5,000,000 for each of fiscal years 2007 through 2011.”.

SEC. 5. INTERAGENCY COORDINATING COUNCIL ON PREMATURITY AND LOW BIRTHWEIGHT.

(a) PURPOSE.—It is the purpose of this section to stimulate multidisciplinary research, scientific exchange, and collaboration among the agencies of the Department of Health and Human Services and to assist the Department in targeting efforts to achieve the greatest advances toward the goal of reducing prematurity and low birthweight.

(b) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish an Interagency Coordinating Council on Prematurity and Low Birthweight (referred to in this section as the Council) to carry out the purpose of this section.

(c) COMPOSITION.—The Council shall be composed of members to be appointed by the Secretary, including representatives of the agencies of the Department of Health and Human Services.

(d) ACTIVITIES.—The Council shall—

(1) annually report to the Secretary of Health and Human Services and Congress on current Departmental activities relating to prematurity and low birthweight;

(2) carry out other activities determined appropriate by the Secretary of Health and Human Services; and

(3) oversee the coordination of the implementation of this Act.

SEC. 6. SURGEON GENERAL'S CONFERENCE ON PRETERM BIRTH.

(a) CONVENING OF CONFERENCE.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Surgeon General, shall convene a conference on preterm birth.

(b) PURPOSES OF CONFERENCE.—The purpose of the conference convened under subsection (a) shall be to—

(1) increase awareness of preterm birth as a serious, common, and costly public health problem in the United States;

(2) review the findings and reports issued by the Interagency Coordinating Council, key stakeholders, and any other relevant entity; and

(3) establish an agenda, and report such agenda to Congress, for activities in both the public and private sectors that will speed the identification of, and treatments for, the causes of preterm labor and delivery.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$1,000,000.

Mr. FRIST. I ask unanimous consent that the committee-reported amendment be agreed to, the bill, as amended, be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment in the nature of a substitute was agreed to.

The bill (S. 707), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

Mr. FRIST. Mr. President, I ask unanimous consent that I be added as a cosponsor to this bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. FRIST. I congratulate my distinguished colleague from Tennessee, who is occupying the Chair, for that very important bill.